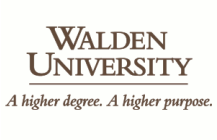

2018

Parents' Emotional Experiences of Their Transgender Children Coming Out

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2018

Abstract

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by

Meri E. Rule

MS, Walden University, 2010

BA, University of Texas, 1993

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

November 2018

Abstract

Parents of transgender children face challenges when their children come out, including fear of negative reaction toward the parents and their transgender child by community members, concerns about social status in the community or religious organizations, and concerns about the inability of the transgender child to build his or her own family. The purpose of this qualitative phenomenological study was to investigate the emotional experiences of parents regarding their acceptance or rejection of their transgender child. Rohner's parental acceptance-rejection theory provided the framework for the study. Data were collected from parents (N = 13) who attended Parents and Friends of Gay and Lesbian support groups from various areas in the United States or who were identified through snowball sampling using semistructured interviews and a demographic questionnaire. Data were coded and analyzed to identify themes in parental responses to their transgender children coming out, which were either negative, neutral, positive, or mixed. Results indicated that even parents with negative emotions supported and loved their children unconditionally. Findings may be used to develop supportive interventions for parents coping with their transgender child's transition.

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Dedication

I dedicate this dissertation to my very good friend, Janet. Without her story, this research would not have been possible.

Acknowledgments

I would like to thank my chair for her patience and help throughout this entire dissertation process. Thank you Dr. Salzer. I also want to thank Dr. Martin and Dr. Robbins for their insight and continued support.

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Chapter 1: Introduction to the Study

In recent years, more and more individuals have been coming out as transgender. As society becomes more accepting of individual and diverse definitions of gender, the immediate family members of transgender individuals are faced with decisions about acceptance. Family members also encounter the emotional responses to learning of the changing gender identity of their loved one. The coming-out process can be very difficult for children, and positive support from their parents can ameliorate the emotional struggles that can occur. However, parents' responses to their children coming out as transgender have received little attention. The purpose of this study was to examine the experiences of parents when their transgender children come out, and to examine the emotions that are associated with acceptance or rejection by parents and how the parent-child relationship evolves during this period. Findings from this study may help mental health and medical professionals understand the challenges facing parents and tailor interventions to help parents learn how to accept the developing definition of their children's gender.

This chapter provides a brief overview of the research literature concerning transgender individuals, the coming-out process, and parents' potential reactions to their children coming out as transgender. In addition, this chapter includes the purpose of this study, the theoretical foundation, the nature of the study, definitions to aid in understanding the study, assumptions, scope and delimitations, limitations, and the significance of the study.

Background to the Study

Although more individuals are coming out as transgender, research examining the emotional response to this process has not yet emerged. There is a limited amount of research that directly addresses the emotional reaction of parents when their transgender children come out and how that emotional process evolves before, during, and after transition. Findings from this study may promote positive social change in aiding parents through their experiences during their children's transition.

The attachment style parents have with their children could be instrumental in predicting how they will react emotionally to their children coming out as transgender. Rohner, Khaleque, and Cournoyer (2012) identified an acceptance-rejection model that defines four dimensions: warmth-affection, hostility-aggression, indifference-neglect, and undifferentiated rejection. The likelihood that parents will accept their children's transgender identity would be higher in the warmth-affection dimension, along with positive emotions associated with the knowledge of the gender transition of their children. Conversely, negative emotion paired with indifference-neglect, hostility-aggression, and undifferentiated rejection would indicate higher rates of rejection of the child's gender transition (Rohner et al., 2012). When exploring parents' emotional responses, I situated them in the context of attachment styles parents have with their children before, during, and after transition.

Other studies have indicated three family types that may either support or impede a child's gender development, including transformers, transphobic, and transporting (Ehrensaft, 2013). Ehrensaft (2013) identifies transformers are parents who are

comfortable with their own gender identity and are able to accept their children's new gender identity. Transphobic parents are not comfortable with their own gender identity and experience their children as extensions of themselves; therefore, they have difficulty accepting their children's new gender identity (Ehrensaft, 2013). Transporting parents and children accept the children's new gender identity (Ehrensaft, 2013). Parental acceptance of a transgender child coming out may include personal growth, positive emotions, activism, social connection, closer relationships with their children, (Gonzalez, Rostosky, Odom, & Riggle, 2013), support from other parents, research and resources from professionals, and support from local communities (Riley, Sitharthan, Clemson, & Diamond, 2013).

Parents may react negatively, positively, or neutrally to their transgender children coming out. Some parents may react with hostility, aggression, neglect, and rejection toward their transgender child (Koken, Bimbi, & Parsons, 2009). Other parents may express fear for their transgender children coming out due to lack of social acceptance, threats to quality of life, and fear for the future of their children, including marriage, children, and other relationships (Kabakov, 2014). Coming out as transgender is a process for both the child and the parent. This study focused on the emotional reactions of parents and how they related to the acceptance or rejection of their transgender children coming out.

Problem Statement

There was a gap in the literature regarding parental experiences when their transgender children come out, specifically their emotional reactions associated with their

acceptance or rejection of the transition process. When transgender children come out, there is a process of coming out for parents also, and this process may vary depending on their cultural and religious beliefs and social supports (Kabakov, 2014). There may be many reasons why parents of transgender children have difficulties with their children coming out, including social status within the community or religious organization, inability of their transgender child to build his or her own family, or fear of negative reaction toward the parents and the transgender child by the community (Kabakov, 2014). Some parents are able to accept their transgender child coming out, particularly if they have the support of their peers, access to educational resources about transgender individuals (Riley, et al., 2013), and have the ability to identify positive aspects of being a parent of a transgender child (Gonzalez et al., 2013). Although there are resources available for the transgender community to co

pe with social, political, and emotional issues, more research is needed to help the parents cope with these issues more effectively.

Purpose of the Study

The purpose of this qualitative study was to investigate the experiences and emotional responses of parents regarding the acceptance or rejection of their transgender child. To address the gap in knowledge about the emotional impact on parents, I conducted semistructured interviews to gain insights from parents. Findings may be helpful in identifying parental emotions that may impact the acceptance or rejection of the transgender child. Findings may also provide more insight regarding the time period of the child's coming out, parental emotion during this period, age of the child, and

psychosocial aspects that may influence parental reaction. Findings may be used to develop resources and supports for parents experiencing this transition.

The purpose of this phenomenological qualitative study was to explore parental experiences to gain insight about their reactions when their transgender children came out. This study was guided by one overarching question: What are parents' experiences when their children come out as transgender? From this overarching question, I developed more detailed interview questions to explore parents' experiences. Interview questions focused on both positive and negative responses, access to supportive resources, and potential barriers to acceptance of their transgender child. I identified emerging themes based on analysis of the interview data.

Theoretical Foundation

The theoretical framework for this study was Rohner's (2004) parental acceptance-rejection (PAR) theory, which focuses on parental acceptance-rejection of a transgender child across four domains: warmth-affection, hostility-aggression, indifference-neglect, and undifferentiated rejection. The PAR theory has been used in analyzing parental acceptance levels with transwomen across diverse populations in the United States (Koken et al, 2009). Data from semistructured interviews and a demographic questionnaire were analyzed to identify psychosocial experiences of parents. Results may be used to expand support from peers and professionals.

Nature of the Study

I used a qualitative phenomenological approach to investigate the complex emotions parents experience when their child comes out as transgender. Semistructured

interviews allowed me to develop rapport and elicit relevant data from participants. Data analysis provided insights into the emotional impact on parents regarding their acceptance or rejection of their child coming out as transgender. I also used a demographic questionnaire to collect data on participants' age, gender, marital status, socioeconomic status, and ethnicity. Findings from the study may be used to help families through this transition.

Definitions

The Gay & Lesbian Alliance Against Defamation (1985) offered definitions of the key components of the transgender topic:

Cognitive behavioral therapy (CBT): Psychotherapy intervention that focuses on changing thoughts to change behaviors and feelings.

Gender expression: External manifestations of gender, including clothes, haircut, pronouns, or body characteristics.

Gender identity: 'A person's internal, deeply held sense of gender. For transgender people, internal gender identity does not match the sex they were assigned at birth.

Support: Peer groups, educational materials, mentors, and psychotherapy resources, including group, individual, couples.

Transgender: A person whose self-identity does not conform to conventional notions of male or female gender. A person could transition from male to female (mtf: transfemale) or female to male (ftm: transmale).

Transsexual: An older term that originated from the medical and psychological communities, referring to individuals who have completed transition surgically and hormonally.

Assumptions

There were several assumptions made in the study. First, I assumed that participants would be honest and open in their responses. I ensured participants' confidentiality would be preserved, even if they withdraw from the study, to encourage them to respond openly and honestly. Another assumption was that the sample would be representative of the population that was the focus of this study. Qualitative studies have small sample. Because of this, participants may not be true representations of all members of their groups. Therefore, researchers should take this into consideration when using the results as a guide to further exploration of the topic.

I further assumed that parents would have an emotional response at all phases of the transition process. It was possible that some parents would have neither a positive nor a negative response. If this occurred, I described it in the results section. Finally, I assumed that parents' emotional responses would begin to show similarities as more interviews were conducted and that saturation would occur. Results may be used to develop a better understanding of the complex relationship between parental emotional responses to their transgender children coming out and how these responses influence parental acceptance or rejection.

Scope and Delimitations

The scope of this study was limited to parents who have transgender children of all ages. *Parent* was defined as stepparents, biological parents, single parents, adoptive parents, or guardians. *Children* was be defined as biological, adopted, or stepchildren.

Findings may provide insight into how parents react to their transgender children coming out. If there was a positive emotional response, this research could be helpful in developing more support for other families with transgender children coming out. If negative emotional responses were found, then strategies to reduce these emotions could be developed to assist parents in the transition process. Describing the emotional experience of parents of transgender children coming out could provide a new definition of what a healthy family structure is, in addition to helping parents learn strategies of acceptance of their transgender children within the family structure.

Limitations

Limitations of this study included reliance on willing participants. Recruitment strategies included local support groups for parents with transgender children, local Parents and Friends of Lesbians and Gays (PFLAG) groups, and snowball sampling. Another limitation was that only willing participants' responses would be analyzed. This could have resulted in a bias toward parents who are more open to accepting their children coming out as transgender. Another limitation associated with this qualitative study was the difficulty of replicating results. Because this study was conducted in a natural setting unique to each participant that involves their own subjective experiences,

ruling out alternative explanations of specific phenomena may cause challenges in replication.

Significance of the Study

This research filled a gap in the literature by focusing on the emotional experiences of parents of transgender children coming out. This study was unique because it addressed an underresearched area from the parents' perspective. Analysis of parents' emotional responses to their transgender children coming out may be used to improve the understanding of the unique needs of parents during the transition process. Findings may be helpful in identifying areas of concern and may encourage the development of appropriate support strategies for positive social change. Insights from this study may be used to develop therapeutic interventions to enable easier parental acceptance of gender role changes in their children, and to maintain healthy family relationships for parents and children.

Summary

Understanding emotions of parents of children coming out as transgender may be helpful in developing more effective support to prepare for the transition. Data from semistructured interviews were analyzed to identify themes. In addition, a demographic questionnaire was used to identify unique parental characteristics. Chapter 2 provides a thorough review of the literature relevant to the topic of study.

Chapter 2: Literature Review

Parental emotional reactions of their transgender children coming out is an area that has yet to be studied. Learning about parents' emotional experiences is important in the development of support for parents of transgender children coming out. This study focused on the emotional experiences of parents of transgender children coming out. Parents included stepparents, biological parents, and children's primary caregiver (guardian, aunt, uncle, grandparent, foster parent, or any other person in that role). Children referred to children of any age. Addressing parents' emotional experiences was needed to promote healthy relationships between parents and children and between children and their partners later in life.

Transgender transition has been viewed as a pathological consequence of poor parenting, trauma, or dysfunctional attachment (Ehrensaft, 2011). Views have begun to change, as evidenced by outspoken celebrities who are paving the way for others to be more accepting of gender-nonconforming individuals. Exposure to nonconforming genders with celebrities such as Chaz Bono, Caitlyn Jenner, and Lavern Cox has encouraged advocacy of gender identity freedom. With advocacy comes political and social pressure to develop supportive laws, codes, and ethics for those coming out as transgender. Political and social challenges for those who have come out as transgender include medical coverage for reassignment surgery, social acceptance of clothing choices, life and medical insurance coverage, and the right to use whichever public restroom is appropriate for the gender they now identify with. In this chapter, I describe the literature search strategy and provide a detailed analysis of studies on PAR theory, interpersonal

acceptance and rejection, familial patterns of acceptance-rejection, parental reaction to transgender children coming out, positive and negative responses, treatments available for transgender individuals, and treatments available for parents of transgender children.

Literature Search Strategy

The literature reviewed was located through the Walden University library. The following databases were used: PsycINFO, PsycARTICLES, SAGE Premier, SocINDEX with Full Text, LGBT Life with Full Text, ERIC, EBSCO, Academic Search Complete, THOREAU, and ProQuest Central. The search terms used were *parents of LGBT children*, *emotional affect on parents of LGBT children*, *coming out as transgender*, *positive affect on parents of transgender children coming out*, and *negative affect on parents of transgender children coming out*. In this chapter, I review the literature and theoretical foundation and provide a summary and conclusions.

Literature Review

I conducted a qualitative phenomenological study to investigate the emotional experiences of parents of transgender children coming out, and how those experiences influenced acceptance or rejection of their transgender children. The reaction of parents of children coming out could be positive, neutral, or negative. Research has shown that parents start to notice their child's nonconforming gender activities around the age of 2 years, when their children do not show interest in gender-specific toys, clothes, and choice of friends (Rahilly, 2015). For example, a girl who is a transgender boy may be interested in sports or playing with trucks, whereas a boy who is a transgender girl may be interested in wearing a princess gown or playing dress-up. These behaviors tend to

spur parents to conduct research online, speak to medical or mental health professionals, or find other resources. Not only do parents want to understand what their children are experiencing as transgender, but parents also want to research ways to prepare their transgender children for the possible negative effects of being transgender, such as bullying, harassment, and rejection by peers (Rahilly, 2015).

During transition, parents not only help the children adjust to their new gender role, but parents also help themselves. Parents may feel shocked initially and may seek medical and psychological treatment for their child, although most parents eventually accept their child's new gender role (Purandare, 2013). However, with adult transgender children, relationships with parents may become strained and may result in less communication and fewer visits. Some adult transgender children may visit their parents as their natally defined gender or may visit their parents secretly so that their neighbors do not see them (Purandare, 2013).

Purandare's (2013) research indicated that transgender individuals started feeling different than their peers between 11 and 16 years of age. Some of the children noticed that they did not have the same interests as their peers or siblings of the same gender (Purandare, 2013). Other children have reported that they have been bullied by their peers for behaving differently (Purandare, 2013). Eventually, most parents accept their child's new gender role and become advocates to help change policies at schools, in local government, and in the community (Purandare, 2013). Some parents ease into the adjustment of their transgender child by allowing them to wear clothes or use pronouns of a different gender when the children are behind closed doors (Rahilly, 2015).

According to theories of parental acceptance-rejection, support and encouragement from parents who are willing to accept their transgender children as normal instead of pathological will promote a healthier transition for both the child and his or her parents (Ehrensaft, 2011; Snapp, Watson, Russell, Diaz, & Ryan, 2015). Conversely, parents who respond with hostility and aggression often reject their child (Koken et al., 2009) or attempt to correct their child's gender nonconforming behaviors (Wallace & Russell, 2013). Several theories of parental attachment-rejection will be analyzed and compared.

Parental Theory of Acceptance-Rejection

Parental theory of acceptance-rejection (PAR) can be used to identify patterns of behavior that could predict positive, neutral, or negative reactions of parents when their child comes out as gender nonconforming. PAR theory is an evidence-based theory of socialization and lifespan development that addresses interpersonal relationships between child and parent with a focus on understanding the acceptance or rejection of the child by the parent (Rohner et al., 2012). Four dimensions of PAR theory have been identified: warmth-affection, hostility-aggression, indifference-neglect, and undifferentiated rejection (Rohner, 2004).

Warmth-affection dimension. The warmth-affection dimension of parenting is described as being on a continuum, ranging from a warm affectionate bond that includes physical, verbal, and symbolic behaviors parents express toward their children, which can include affection, comfort, nurturance, support, and care. At the other end of the spectrum, parents' behaviors may be cold, unaffectionate, hostile, aggressive, and

neglectful (Rohner et al., 2012). A parent may have many emotions toward a child that range from negative to positive and may include feelings of warmth, love, affection, and support along with feelings of irritability, bitterness, or resentfulness. In the warmth-affection dimension, affection can be physical (expressed through hugging, kissing, or caressing) or emotional (expressed through compliments, encouragement, or praise) (Rohner et al., 2012). According to Rohner's, et al.(2012), researcher, transgender children often grow up to be well-adjusted adults who are able to have healthy interpersonal relationships.

Hostility-aggression dimension. The hostility-aggression dimension refers to parents who have feelings of resentment, anger, or hostility that could result in aggressive behavior toward the child, including humiliating, hitting, derogatory statements, yelling, or other disparaging actions to hurt the child (Rohner et al., 2012). Transgender individuals who experience this reaction may have higher rates of psychological issues including substance abuse, post-traumatic stress disorder (PTSD), depression, anxiety, and suicidal ideation and attempts (Jessup & Dibble, 2012).

Indifference-neglect dimension. Rohner et al. (2012) posited that hostility and aggression toward a child may lead to indifference and neglect, not meeting the physical needs of the child, and ignoring the child's social and emotional needs. Transgender individuals who experience this reaction may suffer from low self-esteem, develop poor social and interpersonal skills, and suffer from other psychological issues in the future (Rohner, et al., 2012).

Undifferentiated rejection dimension. Rohner et al. (2012) described the undifferentiated rejection dimension as children's perception of their parents not caring for or loving them, even though the parents may not be exhibiting behaviors to support this perception, including being neglectful or aggressive toward the children. These children may suffer similar psychological, social, and interpersonal issues as those who experience hostility-aggression and indifference-neglect from their parents (Rohner, et al., 2012).

Personality Subtheory

Rohner, et al. (2012) developed several subtheories within the PAR theory, including personality, coping, and sociocultural. The personality subtheory posits that human nature evolved to seek out emotional and physical comfort, acceptance, and bonding with parents (Rohner, et al., 2012). Having a healthy attachment to parents allows the child to flourish physically and emotionally (Rohner, et al., 2012). Parental acceptance-rejection is an important factor in establishing proper and healthy attachment (Rohner, et al., 2012). Reactions from children who feel rejected may include feelings of anxiety and insecurity, being emotionally dependent on the parent, seeking parental approval, seeking parental reassurance, and being clingy, whiny, and teary when not around the parent (Rohner, et al., 2012). As adults, children may develop hostility, aggression, passive aggression, anger issues, distrust, and a negative worldview as a result of rejection by a parent (Rohner, et al., 2012). The pain of rejection by the parents, perceived or actual, stimulates the same areas of the brain as physical pain in the anterior cingulate cortex and right ventral prefrontal cortex (Rohner et al., 2012). Evidence

indicated that childhood emotional neglect and rejection change brain chemistry, change a child's central nervous system, and influence psychosocial development (Rohner, et al., 2012). Evidence also showed that the emotional neglect and rejection could significantly increase risks for cerebral infarction in old age (Rohner et al., 2012). Conversely, independent children are those who do not seek positive responses by their parents (Rohner, et al., 2012). As adults, they develop into secure, independent, and well-adjusted individuals, and develop a larger hippocampal volume that regulates central memory, emotion, and stress modulation (Rohner et al., 2012).

Coping Subtheory

The type, frequency, severity, and duration of rejection could influence a child's and adult's mental state. An individual who comes from a loving family that feels rejected by a parent occasionally may exhibit psychological problems similar to those who experienced regular rejection and neglect by their parents. Rohner et al. (2012) defined these individuals as troubled, which could indicate perceived rejection by attachment figures other than parents, such as grandparents, teachers, or coaches. Conversely, adults called *copers* may thrive despite experiencing rejection as a child by a parent (Rohner et al., 2012).

The coping subtheory defines the ability of individuals to cope with perceived rejection than others by focusing on their own efforts to control what happens to them (Rohner et al., 2012). These individuals' worldviews do not permit them to conclude that what they have experienced is due to fate, chance, or luck. They see that they have the ability to minimize negative consequences of perceived rejection by depersonalizing the

rejection. They develop into what Rohner et al. (2012) call *effective copers*. *Instrumental copers* are those who have been raised in rejecting families; these individuals excel in school and professions but are emotionally impaired (Rohner et al., 2012). Resiliency is a characteristic of those who have experienced rejection as a child but have excelled in work, school, and interpersonal relationships; however, these individuals still may have a less positive sense of well-being than those who have felt loved throughout their childhood (Rohner et al., 2012).

Sociocultural Subtheory

The sociocultural subtheory addresses familial, community, and sociocultural factors that may predict parental acceptance or rejection of children and the consequences of doing so (Rohner et al., 2012). The sociocultural subtheory considers specific cultural norms about how parents may show acceptance and love toward their children. For example, some cultures may not be affectionate or tell their children verbally that they love them but may show love through other actions instead. Family structure, age, cultural background, socioeconomic level, and religion are factors to consider when analyzing acceptance and rejection. For example, children may feel undifferentiated rejection, which may influence them to think that their single parent does not love them because the parent may have to work outside the home to support them. The sociocultural subtheory also considers the child's disposition and temperament and how that might shape a parent's attitude toward the child.

Interpersonal Acceptance and Rejection

Rohner, et al.'s (2012) research has shown that paternal acceptance and love is as important as mother love in terms of the development of personality and psychological adjustment, as an adult. Cross-cultural evidence supports the conclusion that children and adults who experienced rejection by parents report psychological maladies, such as, depression, delinquency, and substance abuse (Rohner, et al,, 2012).

Understanding aspects of PARTheory can help researchers understand how healthy and unhealthy emotional attachments form. Analyzing how acceptance and rejection shapes one's personality and adjustment to society as a child, can also help in the understanding of how an adult's worldview of him/herself within society is shaped. As a result, programs for intervention and prevention could be developed to aid in raising more well-adjusted children. In summary, positive experiences influence a child to feel loved and cared for, which could encourage growth, security, confidence, and the ability to develop healthy interpersonal relationships later in life. Conversely, negative emotional experiences for the child could cause them to feel neglected, abused, and unloved, resulting in him/her to become emotionally stunted, develop low confidence levels, establish poor interpersonal relationships, and exhibit behavioral issues.

Familial Patterns of Acceptance-Rejection

Another process that could help identify parents' acceptance or rejection of their gender-nonconforming child is to analyze types of familial patterns. There are three familial types, including; transformers, transphobic, and transporting (Ehrensaft, 2011).

When a child that does not define him/herself as the gender they were born with, they may face cultural judgment by their families, peers, and teachers (Ehrensaft, 2011). A transphobic reaction could have a considerable, negative impact on their gender-nonconforming child's emotional development.

Transphobic. A transphobic familial reaction is defined as one that is not accepting of those that are gender-nonconforming (Ehrensaft, 2011). This transphobic reaction can cause a negative emotional impact on the child, which could result in troubles in other areas of his/her social and academic lives (Ehrensaft, 2011). In addition, having a transphobic family style could make it difficult for the gender-nonconformist to be more willing to share his/her thoughts and feelings about his/her gender identity (Ehrensaft, 2011). This could lead to higher rates of depression, suicidal ideation, drug addiction, and sex-related health risks (Ehrensaft, 2011). These transphobic fears could be influenced by religious, societal norms, cultural, age, and familial expectations of which gender identity a child relates to (Ehrensaft, 2011). As adults, it may be foreign to express one's true gender identity, due to years of denying his/her own thoughts and feelings about how he/she identifies him/herself (Ehrensaft, 2011). Other deterrents of coming out as transgender could include, harassment, bullying, abuse, and ostracization by peers (Ehrensaft, 2011). In addition, rejection of a transgender child by parents may result in confrontation, aggression, and hostility toward their children (Koken, et al., 2009), higher rates of suicidal ideation and attempts, substance addiction and abuse, depression (Ehrensaft, 2011), violence, homelessness, unemployment, poverty (Koken, et al., 2009) and bullying (Wallace & Russell, 2013). Additionally, gender-nonconforming

children may develop shame because of the rejection by their parents causing negative self-denigration, feelings of failure, and develop unhealthy attachments in interpersonal relationships (Wallace & Russell, 2013).

Transformers. Transformers are another familial type that is identified by parents that are secure within their own gender identity (Ehrensaft, 2011). This allows them to be able to accept their gender-nonconforming child as separate from themselves and have the capacity to subdue transphobic reactions (Ehrensaft, 2011). As a result, the acceptance of their child's gender identity is embraced and encouraged. A recent example of this is Jazz Jennings, a 16-year-old male who came out as a transgender female when she was six years old. She was born a male but now identifies herself as female and has since she was six years old. Her parents have been very supportive in allowing her to express herself as a female, advocating for her at her school for the right to dress as a female, act like a female, and use the female locker rooms and bathrooms at school. She is currently on hormone therapy to halt male puberty and will have gender reassignment surgery when she is 18 years old. Jazz is an advocate for other transgender children's rights through media, participating in a television interview with Barbara Walters, creating YouTube videos about her life, starring in a TLC show called, "I am Jazz," and being a member of the Boston Alliance of, Gay, Lesbian, Bisexual, and Transgender Youth (BAGLY). She also founded a group to help raise money for other transgender children called, "Purple Rainbow Tails.**"**

Transporters. Transporters are the last familial type defined as those parents that outwardly appear to be accepting of their child's transgender behaviors but have inward

doubts about them, expressing that "it's just a phase" or "he or she will grow out of it" (Ehrensaft, 2011). This concept could be just as damaging to the child's welfare as being transphobic (Ehrensaft, 2011). Rejection and lack of support could manifest negative behaviors in the child, including, isolation, insecurities, and low self-esteem (Ehrensaft, 2011). Parental acceptance of a transgender child requires self-reflection and challenging of one's own worldview about gender identity (Ehrensaft, 2011). Understanding each type of familial acceptance-rejection could help parents become more supportive of their gender-nonconforming children and the struggles that they are also experiencing coming out.

Attachment and Shame

Transgender children are more susceptible to being ostracized by peers, teachers, parents, and society, and are more vulnerable to shame (Wallace & Russell, 2013). Shame is a negative emotion that entails a sense of self, cognitively and socially, comparing oneself to others in one's peer group (Wallace & Russell, 2013). One might see themselves as abnormal, a failure, and unlovable with feelings of shame (Wallace & Russell, 2013). Self-denigration and self-loathing may result in higher rates of depression, suicidal ideation and attempts, drug abuse, isolation, and other negative effects (Wallace & Russell, 2013). In addition, feelings of shame result in a lack attachment within interpersonal relationships (Wallace & Russell, 2013). Shame by a parent not accepting their child's non-conforming gender identity could produce a grieving process for the parent, of the gender they expect their child to be (Wallace & Russell, 2013). This rejection by the parent can cause stigma and confusion to the child.

Therefore, feelings of rejection can further endanger a child's personality and psychological development (Wallace & Russell, 2013). When a parent feels like there is something wrong with their child for being gender-nonconforming, then they themselves feel shame, which could also result in rejection of their child (Wallace & Russell, 2013).

In summary, acceptance-rejection theories could help parents, teachers, and mental health professionals identify negative behaviors and teach parents how to accept their transgender children in a more loving manner. This concept is also helpful to apply to children coming out to their parents as transgender. In older generations where coming out as transgender as children was not acceptable, adults are now coming out as more changes in society allows them to do so. This may bring even more issues to the forefront where adults may not know or understand their feelings and think they are "weird" or "wrong," therefore, live unsatisfactory lives within a gender identity that they are not comfortable with. It may not be until years later that they become aware of their differences from others in their compartmentalized gender roles, that they learn about their options to alter their own thoughts, feelings, and physical senses to become the gender that they identify with. Having role models such as Caitlyn Jenner who transitioned in her late sixties could also encourage others to do the same.

Parental Reaction to Transgender Children Coming Out

Today's society has mixed emotions associated with same-sex marriage and gender-nonconformist, and the lesbian, gay, bisexual, transgender (LGBT) community as a whole. Parents' reactions could be negative, neutral, positive, or mixed. The lack of acceptance of a transgender child may be due to a parent's own homophobia, parental

fear for the safety of their child, due to lack of acceptance by society as transgender, and/or dealing with the grief of the expectation that their child does not identify with the gender he/she was born as. It is important for parents to listen to their children and give them a safe environment to explore their own gender identity, such as, gaining support from peers and mentors in support groups (Wyss, 2013). This support could be beneficial for both parents and the transgender child to accept and cope with the difficulties associated with being transgender. Another way is to participate in individual and family therapy to help cope with transgender issues and/or eventual transition. Becoming an advocate for transgender rights by participating in local, state, and federal hearings could empower both the parent and the transgender individual.

Positive Parental Reactions

It is essential that parents learn through interactions with their transgender children, allowing for expansion of acceptance and becoming more emotionally sensitive to their transgender child (Gonzalez, et al.,2013). In accepting one's own transgender child, Gonzalez, et al. (2013) has found that parents developed personal growth by becoming more open minded, compassionate, had more awareness of discrimination, positive emotions, such as pride and unconditional love, activism, social connection, and closer relationships within the family and with the transgender child. Positive experiences not only encourage learning opportunities for the transgender child, but also for the parent, bringing them emotionally closer and ensuring a more positive sense of well-being. Subsequently, also allowing for the encouragement of self-actualization, self-reflection, and acceptance of the transgender child. Ehrensaft's (2013) research indicates

that transgender children know from an early age that they did not fit the gender they were born as. Acceptance could help the child adjust to his or her new gender identity with less stress and emotional strain.

When a parent is more accepting of their transgender child's new gender identity, it could be helpful for them to adjust if they seek support from other parents with transgender children, research about transgender, and speak to professionals and local communities (Riley, Clemons, Sitharthan, & Diamond., 2013). It could also be helpful for parents to be aware of transgender issues so that they could communicate with their transgender children more openly about these topics. Sharing these intimate topics with their transgender child could strengthen the parent/child relationship and encourage unconditional love and acceptance. Giving the transgender child the flexibility to explore his/her transgender identity by dressing how she/he wants, use the pronoun of their choice, choosing their own friends, clothes, and extra-curricular activities are ways a parent could show support for their transgender child (Riley, Clemons, Sitharthan, & Diamond., 2013). Expressing the priority of their transgender child's well-being will relieve stress between parent and child (Riley, Clemons, Sitharthan, & Diamond., 2013). It will also allow the transgender child to focus more on exploring their transgender identity (Riley, Clemons, Sitharthan, & Diamond., 2013). In addition to the positive aspects of coming out as transgender, it is also important for parents to discuss bullying, discrimination, and other negative reactions by peers, teachers, and society (Riley, Clemons, Sitharthan, & Diamond., 2013).

Transgender children have many needs, including the need to be heard, accepted, to have access to professional support, to have peer contact, to have access to information, to be safe from being bullied, not to be blamed, not to be punished or discriminated against, to have freedom to express themselves, to be able to feel safe, and to have support from their community (Riley, Sitharthan, et al., 2013). Riley, Sitharthan, et al. (2013) suggests that parents also have needs, including; the need for access to specific information about transgender children, peer support, skills to counteract bullying against themselves and their transgender children, access to medical and mental health professionals, community support, financial support, and access to legal and government support.

When parents first learn about their child's transgender identity, they may try to accommodate their child's gender preferences that does not "out" them to society (Rahilly, 2011). For instance, a parent might allow a transgender girl dress in a princess costume at home but wear traditional male clothes outside of the home. Identifying a transgender child as not going through a stage is important, instead address the child's new gender role as being genetically different than what they were assigned at birth by others, could help parents accept their child's new gender role more easily (Rahilly, 2011). Parental support has been shown to be significantly associated with transgender children having higher life satisfaction, lower sense of being a burden of being transgender to their parents, and lower depressive symptoms for the transgender child (Simons, Schrager, Clark, et al., 2013).

Encouraging transgender children to explore his/her gender identity in a safe manner and environment is necessary to stay safe from bullying, harassment, or other negative repercussions. Parents that encouraged their transgender children to explore their new gender identity, indicated that their children were happier and more confident after transition, along with developing more friendships and doing better in school (Kuvalanka, Weiner, & Mahan, 2014; Snapp, et al., 2015).

Parental Rejection of Transgender Children Coming Out

Parents of transgender children may have negative experiences when their children come out as transgender. They may experience feelings of loss, grief, isolation, alienation, depression, and fear for their child's safety when they come out as transgender (Kabakov, 2014). When parents do not accept their transgender child, it also negatively affects their other children within the family, due to moving to a more liberal, accepting neighborhood, religious organizations, and communities (Kuvalanka, Weiner, & Mahan 2014). The coming out process is not only for the transgender child, but also for the parent. The parents may experience rejection by society due to transphobic reactions (Ehrensaft, 2011). This could lead to isolation and alienation from social groups, family, friends, and church (Kabakov, 2014).

Parents have a unique position when coping with the child coming out as transgender. They contend with their own emotions, societal pressures, lack of resources for their transgender child at school and in the community, politics of local, state, and federal governments, and the emotions that their transgender child is experiencing. Additionally, as a social group minority, those that are transgender tend to be

marginalized, victimized, and experience societal bias not only by their community but also by their parents (Grossman, Augelli & Salter, 2006). As a result, could cause more negative emotions for the child and parents.

Parental emotions such as grief, loss, and depression could also arise when expectation of what is normal is not fulfilled, resulting in rejection by others in one's community. Expectation of their children getting married and having children may be a disappointment a parent might feel when their child comes out as transgender (Kabakov, 2014). Parents may experience fear that their transgender child may not find a mate and end up alone the rest of their lives or fear that their transgender child may be abused because they came out (Kabakov, 2014). These fears may occur due to lack of education about a transgender lifestyle and increased chances of being rejected by their community. Speaking to religious leaders, mental health professionals, support groups, and medical professionals may ease a parent's negative emotions. With more people being openly transgender, there are churches and social groups that support the transgender population. Knowing this may be a comfort to parents, so they do not feel alone and have a support network through the transition. Parents may experience periods of mourning, adjustment, and acceptance (Riley, Sitharthan, Clemson, & Diamond, 2011) during the transition. Some parents may experience loss of friends, strains in the marriage and/or with other family members, being reported to Child Protective Services by other parents about their transgender child because of the assumption the child is being abused in their home, or frustration in having to explain their child's behavior (Riley et al., 2011).

Confusion and frustration by parents of transgender children about how to cope and what to do next for their children is not uncommon. With the help of mental health and medical professionals, it is up to the parents to take the lead, to determine the next steps in therapy for themselves and their transgender child (Ehrensaft, 2013). For instance, if a mother and child attend therapy because the child identifies with a different gender than what he/she was born with, then it is important to ask the child what gender he/she identifies with and how he/she wants to express that (Ehrensaft, 2013). It's essential that parents not control the child's gender identity, but to ensure the child's gender health (Ehrensaft, 2013). Psychotherapy could help a child identify their gender identity, but also help parents learn about options for the child. For instance, would they want their child to start hormone therapy before puberty? This would be determined by the child, parent, mental health and medical professionals collaboratively. Some may consider hormone treatment before 18 years old as abusive and unhealthy, therefore, it's important to weigh the health and psychological benefits and risks for the child. A question parents might ask is, will the child be more traumatized if secondary sex characteristics develop during puberty? Thinking about the cost, pain, and risk of transition surgeries later in life could be a deterrent for waiting to start the hormone therapy. Hormone therapy could also be cost prohibitive and not covered under medical insurance. Other questions parents might ask is, what if my transgender child wants to change back to their previously assigned gender identity? Would this cause more psychological damage? Research indicates that the benefits of hormone therapy outweighs the risk of transgender clients changing back to their birth gender later in life

and encourages gender exploration in a positive, supportive environment (Ehrensaft, 2013).

Parents of transgender children also contend with the social stresses the transgender child goes through. Transgender children sometimes change schools so that their peers and teachers may not know their previous gender identity (Ehernsaft, 2013). Negative impact of this is that the transgender children may not have a support network of friends at the new school and experience the stress of adjusting to a new environment. In addition, parents experience lack of social, psychological, and medical support. Parents becoming more knowledgeable of their transgender child's transition process, including, socially, emotionally, and physically could aid in their own process of acceptance. Treatments for the transgender individual are growing with the increased need, however, more treatments that focus on the parents, families, social, and political aspects are still necessary. Understanding what treatments are available for the transgender individual could also be instrumental in parental adjustment to the transition.

Treatments for the Transgender Individual

Evaluating treatments for the transgender individual could also help explain what their parents also endure through the transition process. Transgender individuals contend with many mental health issues associated with coming out as transgender; including, PTSD due to sexual assault (Alessi, Meyer, & Martin, 2013; Cramer, McNiel, Holley, et al, 2012; Jessup & Dibble., 2012), violent crimes, bullying (Clark, Lucassen, Bullen, et al., 2014), depression (Clark, Lucassen, Bullen, et al., 2014), suicidal ideation (Jessup & Dibble, 2012; Clark, Lucassen, Bullen, et al., 2014), anxiety, (Cramer, McNiel, Holley, et

al, 2012), and higher rates of childhood maltreatment (Roberts, Austin, Corliss, Vandermorris, & Kenen, 2010). In addition, transgender children are in need of educated authority figures, freedom to express their gender identity, support, validation, peer acceptance (Riley, Sitharthan, et al., 2013), peer contact, safety, and acceptance by their parents (Riley, Clemson, et al., 2013).

Compared to heterosexual individuals, LGBT individuals experienced a slightly higher lifetime prevalence of PTSD, with the majority of respondents meeting Criterion A2 from DSM-IV (American Psychiatric Association, 1994) for PTSD, including, feelings of being helpless, scared, and shocked at the time of the event. In addition, more respondents reported non-Criterion A1 qualifying event (69.3%) than Criterion A1 (30.7%) (Alessi, et al., 2013).

Sexual assault is prevalent within the LGBT community, compared to heterosexual victims who are more likely to be victims of general assault and shootings. LGBT individuals have been shown to experience a greater risk of childhood maltreatment by peers and/or relatives, exposure to violence, and an earlier age of trauma (Roberts, et al., 2010). Racial/ethnic transgender minorities are also more likely to have a higher rate of being HIV positive, than Whites (Wilson, Chen, Arayasirikul, et al., 2015).

Understanding the unique needs of the transgender population, influences treatment strategies. An interdisciplinary approach that includes medical, psychological, social, community, and school will be the most effective in addressing issues the transgender population deals with, within their lifetimes. A supportive approach would encourage parents to embrace the child’s new gender expression (Skougard. 2011).

Conversely, a corrective approach would discourage a child from exploring a new gender expression, such as, taking away dolls from boys or have a girl help her mother bake a cake (Skougard, 2011).

A psychoanalytic therapeutic approach could be useful in encouraging a gender affirmative model, using techniques such as, mirroring, listening, suspension in psychic intermediate spaces, play, and interpretation (Ehrensaft, 2014). Therapists would need to be opened to the idea that there are more gender identities than the traditional binary model, either male or female, to encourage transgender clients to explore their authentic gender selves. The therapist could also be an informant for parents, school administrators, teachers, and medical professionals, to aid in the most effective, interdisciplinary treatments. Mental health therapists could also aid in treating both the child and parents, to work through expectations, acceptance, and any other negative emotions associated with the child's gender preference.

The legal age of consent is 18 years old, indicating that minority transgender children would need to depend on their caregivers to make treatment decisions for them. Parents determining if they will allow their children to go through with medical transition would need to weigh the child's current psychological well-being and if it out weighs concerns of a medical transition (Giammattei, 2015). Although, gender reassignment surgery is not done before the age of 18 in the United States, Canada or the Netherlands and endocrinological interventions are not covered under private or public health insurance, therefore is cost prohibitive (Drescher & Byne, 2012). It is also important to

take into consideration influence of culture, religion, and parents' worldviews, which may be different than the child's, when determining a treatment protocol.

It would be necessary to recognize that children between the ages of 5 and 7 have not yet developed operational thought, therefore, integrate sex and gender with surface expressions of gender roles (Drescher & Byne, 2012). For example, a child may think that wearing a boy's hair style makes them a boy and wearing heels makes a boy think he is a girl. The majority of gender non-conforming children at this age does not persist into adolescence (Drescher & Byne, 2012). Those that do persist into adolescence is referred to as, *desisters* and more likely will persist into adulthood (Drescher & Byne, 2012). Adolescents that are *desisters* may develop severe depression and anxiety when they reach puberty and secondary sex characteristics start developing, although, those that receive family and professional support will significantly reduce these symptoms (Ehrensaft, 2014). Support groups that address relationship issues, harassment, bullying, depression, anxiety, and isolation, give transgender clients opportunities to express themselves freely in a safe environment, and have been shown to be effective therapeutic strategies (Purandare, 2013).

Gaining support at home, within the community, and at school could be helpful for the transgender child to adjust to their new gender identity easier. Programs such as, gay straight alliance (GSA) in schools could be a step forward to educating school administrators, teachers, and peers about transgenderism, minimizing the victimization and homophobia within the LGBT population (Hackimer & Proctor, 2015), along with encouraging acceptance and support. Luecke (2011) found that when transgender

children do not gain support, they experience negative socioeconomic and cognitive growth later in life. Training teachers and school personnel about the unique needs of transgender students is essential in eliminating instances of negative behaviors by peers, along with changing communication styles for improved grades, encourage support and acceptance by peers, helping the child feel safe in the classroom and in the school, and encouraging the child to report unacceptable, negative behaviors from teachers, peers, and school personnel with a trusted person at the school (Luecke, 2011). It could also be helpful for the school to send home letters to the parents of the other children to inform them about the child's gender change, seeking more support instead of discrimination (Luecke, 2011). Working with school personnel to change policies and procedures could be helpful in clarifying where the child will change for gym or which restroom to use (Luecke, 2011).

Reassignment Surgery

Surgery is the final step for transgender individuals to transition to a new gender identity. Some do not complete the transition fully, due to lack finances or just because they do not want to transition completely. Previous to surgeries, patients are required to complete a year of psychotherapy, along with cross-sex hormonal therapy before being ready for the gender reassignment surgeries (Gibson & Catlin, 2010). Research has shown that parental reaction to their transgender children having transition surgery was positive and supportive (Gibson & Catlin, 2010). Transition surgery involves quite a few procedures, depending on if the patient is male-to-female (MTF) or female-to male (FTM). MTF surgeries would include; breast augmentation, genital reconstruction, facial

bone reduction, lipoplasty (liposuction), thyroid chondroplasty (Adam's apple removal), blepharoplasty (eyelid surgery) and other face lift procedures, penectomy (removal of penis), orchidectomy (removal of testicles), vaginoplasty (vagina construction), labiaplasty (labia construction), clitoroplasty (clitoris construction), (Bowman & Goldberg, 2006; cited by Gibson & Catlin, 2010) and electrolysis (hair removal) (Sutcliffe et al., 2007, cited by Gibson & Catlin, 2010). FTM transition surgeries include; hysterectomy (removal of uterus), ovarectomy (removal of ovaries), changing position of the urethra, scrotoplasy (testicle construction), subcutaneous mastectomy (breast implants), including nipple reconstruction and phalloplasty (penis construction), which includes the construction of a penis using muscle and skin from forearm or thigh (Monstrey, et al., 2011). Surgeries can take over a year to complete and lead to long recoveries and pain.

Treatments for Parents of Transgender Children

Transgender children are not the only ones that go through transition. Parents also go through their own transition, coping with feelings of shock, self-blame, sadness, and fear (Riley, Sitharthan, et al., 2011). Not only are parents fearful of social and familial ostracization for themselves because they support their transgender child but are also fearful of their child being victimized and rejected by society (Katz-Wise, Budge, Orovecz, et al., 2017). Furthermore, parents also may suffer with grieving the psychological loss of their child as who they expect them to be, adjustment to the child's new identity, and the child's new role within the family (Wahlig, 2015). Therapeutic strategies to help parents cope with this, would be to include other members of the family

in therapy, learn how to cope with shame and guilt, and through the grieving process, learn acceptance, give them information about transgenderism and the transition process, and what to expect at each stage of adjustment (Wahlig, 2015).

Parents have also expressed lack of financial, legal, and government support (Riley, Sitharthan, et al., 2013) to obtain the treatments necessary for their transgender children and themselves. Parents not only need to take care of their child's needs, but also their own. Being uneducated about transgenderism and not expecting their child to be transgender, puts the parents in a disadvantage about what the child's needs are and how to fulfill these needs. Many parents do not have access to medical and psychological professionals that are also knowledgeable about a transgender child's needs (Chapman, Wardrop, Freeman, et al., 2012), therefore, oftentimes prevents them from seeking help for their child.

Another issue parents face is the doubt about their child being transgender, specifically at younger ages (Katz-Wise, Budge, Orovecz, et al., 2017). Preventing a child from expressing themselves as their authentic gender, could cause undue psychological damage to a child, resulting in anxiety and depressive disorders. Taking the child's lead is essential, allowing him or her to be their authentic gender self by expressing themselves as fitting to their new gender identity (Pyne, 2016).

In addition, parents may also experience transphobia themselves (Chapman, Wardrop, Freeman, et al., 2012), from family, friends, peers, medical and mental health professionals, community, church, and school, for supporting their transgender child.

Seeking out individual therapy and group support could be helpful, along with becoming an advocate for their child's social needs. Advocacy for the rights of their transgender child and encouraging policy changes, empowers parents (Katz-Wise, Budge, Orovecz, et al., 2017) and helps them accept their child's new gender identity.

In treating parents, it is necessary to recognize five stages between the child and parent when the child comes out as transgender; coming out to self, coming out to parents, relational tension, relational adjustment, and evolving relational identity (Tyler, 2015). The child would first need to come out to him/herself. This often occurs when they feel different than others and has desires to wear another gender's clothes or participate in another gender's activities (Tyler, 2015). They may feel conflicted, embarrassed, or confused about these feelings and possibly even ashamed of feeling different than what their parents expect of them. The second phase is for the child to come out to their parent. They may withhold this information from their parents to avoid disappointment or rejection by their parents (Tyler, 2015). Recent research shows that parents appear to show concern when their child shows he/she is having difficulties and concerns about coming out to their parents, which over rides the parents' personal feelings about what is being shared with them at the time (Tyler, 2015). The third phase is relational tension, where children feel more openness and closeness with their parents after coming out as transgender, yet still keep elements of their lives private, such as dating or leaving their religion of origin (Tyler, 2015). Parents, on the other hand, exhibit concern for their children not having traditional gender roles and how this may affect their relationships, marriage, having children, and impact on job opportunities (Tyler,

2015). The relational tension appears when parents and children adjust to the child coming out at different rates (Tyler, 2015). The fourth phase is the relational adjustment phase where children come out to others and on social media (Tyler, 2015) and the fifth phase, evolving relational identity, will continue for the transgender child throughout each life stage (Tyler, 2015).

Parents would be encouraged to seek online support or attend PFLAG meetings to support the emotions that they are experiencing throughout the coming out process. Parents views are oftentimes influenced by their family of origin worldviews, cultural, ethnic and religious proscriptions (Giammattei, 2015), therefore therapeutic interventions would need to be sensitive to these factors to be most effective.

In the case where the parents are transgender, some issues children experience when their parent comes out as transgender can include; defending their parent, not knowing if it would be ok to share openly about their family structure and going through the process of their parent coming out as transgender (Fitzgerald, 2010). Research has shown that children of LGBT parents are just as well-adjusted as children with heterosexual parents, in terms of psychological, personality, and social development (Fitzgerald, 2010). Although, it would be important to disclose their gender identity to their children as early as they can because adolescents have more difficulties adjusting than younger children (Fitzgerald, 2010). Therapy could help in this case, to develop open, honest communication with partners and children about coming out as transgender and how to cope with the transition; which could include, divorce, separation, or moving (Fitzgerald, 2010).

Summary

Major themes in literature focused on the transgender individual adjusting to their transition, transgender parents raising children, transgender family acceptance-rejection of the transgender family member, needs and treatment of the transgender child, and needs and treatment of the parent of a transgender child. The present study fills the gap in literature that explores parental experiences, along with acceptance or rejection of the child's new gender role**.** Understanding emotions of parents of transgender children coming out could be helpful in developing more effective treatment strategies, to prepare for the transition, for both the parents and the transgender individual.

This chapter discussed background research, PAR, different dimensions of parental acceptance and rejection, familial types, parental reactions to their transgender children coming out, treatments available to transgender individuals, and treatments for parents of transgender children. The next chapter will focus on research design, the role of the researcher, methodology, participation selection logic, researcher developed instruments, data collection, data analysis, issues of trustworthiness, and ethical procedures.

Chapter 3: Research Methodology

In the two previous chapters, I detailed positive, negative, and neutral responses by parents when their children come out as transgender. The purpose of this qualitative study was to focus on the impact on parents when their children come out as transgender. According to findings from published research, negative emotional responses are associated with rejection by parents and positive emotional responses are associated with parents being more accepting of their children coming out as transgender (Riley, Clemons, Sitharthan, & Diamond., 2013; Ehrensaft, 2013). In the current study, I analyzed parental experiences to identify the emotional impact that may occur when children come out as transgender. Findings provided insight regarding parental needs throughout the transition process.

This chapter provides a detailed account of the research methods for this study. I describe the setting, participant recruitment, measurements, analysis of data, and verification of findings. I also explain steps taken to ensure ethical protection of participants.

Research Design and Rationale

I chose qualitative methodology to fill the gap in the literature and gain a better understanding of the impact on parents when their transgender child comes out. I selected a phenomenological design to investigate the emotional experiences of these parents. The guiding research question was the following: What are parents' experiences when their children come out as transgender?

Role of the Researcher

I assume the role of observer by administering semistructured interviews and a demographic questionnaire. I analyzed responses to identify similarities and differences between participants and to determine a pattern of emotional responses. Researcher bias was managed by asking open-ended questions for participants to answer in their own words. I also followed an interview protocol to standardize my interactions with the participants. I also chose participants who did not have any professional or personal relationship with me.

Methodology

This section includes participant selection, data collection instruments, data analysis, issues of trustworthiness, and ethical procedures. Participants were recruited from PFLAG meetings, along with word-of-mouth referrals. A consent form to participate was e-mailed to each participant prior to administration of the demographic questionnaire and semistructured interview. The consent form stated that participation was voluntary, participants could terminate participation at any time, confidentiality would be maintained at all times, and contact information for myself, my chair, and the institutional review board (IRB) representative would be provided if the participant had any questions or concerns. I informed each participant that the semistructured interview would be audiotaped for later transcription. Participants were briefed about the study before I administered the semistructured interview and demographic questionnaire. They were also informed about the protocol for keeping data confidential in a locked cabinet in

my home office and the destruction of audio files of interviews and demographic questionnaires 5 years after the completion of the study.

Participant Selection Logic

The participants in this study were parents of children who came out as transgender. Participants were recruited from PFLAG support groups. I contacted the facilitator of the group via e-mail to gain permission to send out a recruitment letter to local PFLAG groups to invite those interested in participating in this study to contact me confidentially. A sample of 10-12 participants was expected to ensure data saturation. Saturation is the point in data collection when no new or relevant information emerges (Mason, 2010) with respect to answering the research question. In the present study, this would mean that the responses reflected parents' neutral, negative, or positive emotional response to their children coming out. If more participants were needed, I contacted other PFLAG groups, informed other professionals about the study, and relied on word-of-mouth recruitment for parents who do not attend PFLAG meetings.

Researcher-Developed Instruments

I conducted a semistructured interview that was audiotaped for later review and transcription and included questions about parental experience and emotions after their child came out as transgender. The demographic questionnaire included questions about parents' psychosocial information. Confidentiality was ensured by assigning numbers to participants. Content validity was established by use of peer review, standardized interaction with participants, open-ended interview questions, and recruitment of participants who met the selection criteria. To ensure a sufficient number of participants,

I allowed for telephonic and electronic participation to collect adequate data. I also produced a list of open-ended questions for the semistructured interview (see Appendix A) and a demographic questionnaire (see Appendix B).

Data Collection

Data collection was conducted at a site determined by the participant, which was one of the PFLAG meeting locations, the participant's home, or my office. Phone and/or electronic interviews were options for those who could not or did not want to participate in face-to-face interviews. In this case, consent forms, interview questions, and the demographic questionnaire could be e-mailed to the participant.

The semistructured interviews and the demographic questionnaire took less than 1 hour to complete. All interviews that were in person or on the telephone were audiotaped with a digital recorder. Data from the audiotaped interviews were transcribed by me. I also took journal notes recording my impressions of emotional responses by participants. The demographic questionnaire was administered via e-mail before the semistructured interview. All data collected from recorded interviews and the demographic questionnaire will be secured in a locked cabinet in my home office and will be destroyed 5 years after the study is completed. At the end of the study, participants were mailed, e-mailed, or invited to attend an in-person meeting for debriefing about the study. An online link was developed for participants to review after the study was completed.

Data Analysis Plan

After data were collected, I analyzed them using coding techniques. Coding involves categorizing qualitative data, reporting possible implications of these categories,

and identifying patterns within the data to identify themes. All data were organized in an Excel spreadsheet to identify trends in words and key phrases, and then were coded for further analysis. Data analysis consisted of several steps: (a) reading the participants' descriptions, (b) identifying meaning units, (c) organizing the meaning units, (d) classifying the meaning units psychologically, (e) establishing structural descriptions, (f) identifying general themes, and (g) developing a general situated structure (Robbins & Parlavecchio, 2006).

Reading the participants' descriptions. The first step in analysis was to read the participants' descriptions of their unique experiences of when their transgender child came out. This was done after transcription was completed. Phenomenological research requires the researcher to understand the participants' first-person descriptions of their experiences to obtain an experiential understanding of their developing experiences (Robbins & Parlavecchio, 2006).

Identifying meaning units. After transcription, I coded unique and similar expressions of each participant. Identifying meaning units is helpful in managing steps of analysis. This includes defining distinguishing smallest units, such as a word or phrase (Robbins & Parlavecchio, 2006).

Organizing the meaning units. Robbins and Parlavecchio (2006) suggested organizing meaning units into themes of time, space, body, language, and others, and noted that these meaning units could be implicit or explicit. The Excel spreadsheet allow me to organize these meaning units for a clearer picture of individual themes.

Classifying the meaning units psychologically. Classifying the meaning units helps the researcher find explanations of the participants' experiences through their eyes and worldviews (Robbins & Parlavecchio, 2006).

Establish structural descriptions. This stage of data analysis involves the development of structural descriptions from the translation of the meaning units and their existential categories into a narrative that informs the world of the participant (Robbins & Parlavecchio, 2006).

Identifying general themes. The next step is to identify general themes shared between participants' responses, starting with obvious themes and working toward the less obvious to explain the phenomenon (Robbins & Parlavecchio, 2006). The Excel spreadsheet was helpful in organizing each participant's responses and identifying similarities and differences among them.

Development of a general situated structure. A general situated structure is the integration of general themes into a unified whole to understand the phenomenon (Robbins & Parlavecchio, 2006). Comparison of participants' responses enabled me to identify themes of parental experiences.

Issues of Trustworthiness

Issues of trustworthiness in qualitative research include several elements: credibility, transferability, dependability, and confirmability. Addressing each of these elements validates the qualitative research conducted. Credibility is established from the viewpoint of the participant, which involves establishing results that are credible or believable (Trochim, 2006). Transferability refers to generalizability of findings that

transfer to other contexts or settings. For instance, findings of this study would be relevant for all parents, not only those that attend PFLAG meetings. The researcher can improve transferability by defining clear research goals and assumptions (Trochim, 2006).

Dependability refers to replicability or repeatability. Dependability focuses on whether the same results would be obtained if the study were conducted a second time (Trochim, 2006). One strategy to establish dependability is to use audit trails by logging each step taken throughout the study. In this study, I used the same assessment materials, asked the participants the same open-ended questions, had the participants complete the same consent forms, and debriefed each participant the same way.

Confirmability in qualitative research refers to the idea that researchers brings their own specific perspective to the study and the degree to which results can be confirmed or corroborated by others (Trochim, 2006). There are several ways for a researcher to improve confirmability. First, the researcher can use an audit trail to log specific steps taken during the research process (Trochim, 2006). Second, the researcher can recheck data throughout the study (Trochim, 2006). Third, the researcher can actively search for and describe any negative instances that contradict previous observations (Trochim, 2006).

Ethical Procedures

The participants in this study were adult volunteers who were free to choose whether to participate. There were some possible risk factors associated with participating in this study, including a negative emotional reaction due to the sensitive

questions about experiences as a parent of a transgender child. In the unlikely event in which a participant experienced any distress, I advised him or her to contact the National Alliance on Mental Illness (1-800-950-6264) to assist in crisis. I also planned to notify my committee chair as well as the IRB office by using the Adverse Event Reporting Form, per IRB protocol.

Each participant completed a consent form and confidentiality was protected. The semistructured interview audiotapes, notes, and demographic questionnaire were stored in a locked cabinet in my home office. Only I and those selected to assist in validating results had access to the data. All participants were assigned a number to ensure confidentiality. All data will be destroyed 5 years after completion of the study.

Summary

This chapter addressed the research methods that were used to collect and analyze data. I also described concerns about trustworthiness, internal validity, dependability, and confirmability. In addition, ethical issues were addressed regarding the data collection and analysis phases of this study. Chapter 4 focuses on data analysis, research findings, and application of study findings.

Chapter 4: Results

The purpose of this chapter is to present the findings from the semistructured interviews and the demographic questionnaire. Data collection and analysis techniques are explained to answer the research question: What are parents' experiences when their children come out as transgender? I speculated that negative emotional responses would be associated with rejection by parents and positive emotional responses would be associated with parents being more accepting of their child coming out as transgender. This chapter also addresses evidence of trustworthiness, including credibility, transferability, dependability, and confirmability.

Data Collection

Thirteen women participated in this study. Three of the participants' husbands expressed interest in participating, but later decided not to. All of the women participated in a setting of their choice. Ten asked me to e-mail the consent form, semistructured interview questions, and demographic questionnaire for them to complete and send back via e-mail due to time constraints with their work and family activities and because of scheduling conflicts due to living in different states. Three of the participants preferred to complete the semistructured interview on the phone and complete the demographic questionnaire and consent form electronically. The phone interviews were recorded using a cell phone recording application, and the file was downloaded to my laptop for transcription. The semistructured interviews and demographic questionnaires completed electronically were sent back to me via e-mail and were transferred to an Excel spreadsheet to code and analyze. I found that more in-depth responses to the

semistructured interview questions were obtained through discussion on the phone compared to those completed electronically.

Data Analysis

The qualitative data analysis involved reading the participants' descriptions of their unique experiences, identifying meaning units for participants' responses, organizing meaning units, classifying them psychologically, establishing structural descriptions, identifying general themes, and developing a general situated structure (see Robbins & Parlavecchio, 2006). The basis for descriptive phenomenology is the analysis of consciousness and how it evolves through experience over time, explicitly or implicitly (Giorgi, Giorgi, & Morley, 2012).

I transcribed the responses and transferred the data to an Excel spreadsheet to code meaning units (see Robbins & Parlavecchio, 2006). These common words were then organized into psychological meaning unit categories (see Robbins & Parlavecchio, 2006), including positive, negative, and neutral sentiments, showing support or lack thereof, of children's gender transition. Other units revealed how parents supported their transgender children by attending support groups for parents of transgender children, individual and family therapy, and/or helping their children move to another state or school that is more willing to accept them being transgender. The generalized theme with or without parental approval was unconditional love, patience, and educating themselves about what being transgender means to their child and the family. Some parents were surprised about their responses to their child coming out as transgender because they had no previous experiences of transgender people and did not know what to expect.

Furthermore, they did not have insight or clues indicating that their child was transgender before coming out. Parents were also surprised that most of them did not "freak out" when they were told, but instead wanted to learn more about transgenderism and how they could more effectively support their child going through the transition. Most parents were more concerned about how society would accept and/or treat their transgender child than how they would cope with their transition as the parent.

The importance of the demographic questionnaire was to identify psychosocial characteristics of parents of transgender children. I used questionnaire data to augment responses to the semistructured interviews to identify similarities and differences among the participants. Results may be used to increase support to parents not reachable via PFLAG groups or those not seeking professional help. Results may be used by professionals to identify generalized responses of these parents and develop more effective supports for them.

The study consisted of 13 participants. All were female, 12 were White, and one was Native American. One participant did not complete the demographic questionnaire, but did reveal that she was married, White, and residing in Texas. Of the 12 who did complete the questionnaire, one was Atheist, six were Christian, and five considered themselves "other" without further explanation. One participant indicated that she had a household income of $25,000; two had a household income of $25,000 to $34,999; two had a household income of $35,000 to $49,000; two had a household income of $50,000 to $74,999; four had a household income of $74,000 to $99,999; one had a household income of $100,000 to $149,999; and two had a household income of $150,000 or more.

One participant revealed that she had completed high school, one had completed some college, two had completed an associate's degree, two had completed a bachelor's degree, two had completed some postgraduate work, two had master's degrees, and two had a PhD, law, or medical degree. Two were between the ages of 35 and 44, six were between ages of 45 and 54, and four were between ages of 55 and 64. Ten women were married in a heterosexual relationship and three were divorced. All participants indicated that they were heterosexual. One participant was from California, two were from Colorado, one was from Connecticut, one was from Florida, one was from Minnesota, one was from North Carolina, one was from New Jersey, one was from New York, and four were from Texas. Three came from PFLAG meetings in the Dallas/Ft. Worth area, and ten were recruited by snowball sampling. Ten wanted to complete the semistructured interview electronically, 12 wanted to complete the demographic questionnaire electronically, and three wanted to complete the semistructured interview telephonically. One participant did not complete the demographic questionnaire. Demographic data are shown in Table 1.

Table 1

Participant Demographic Data

	Number	%
Race/ethnicity		
White	12	92
American Indian	1	7
Gender identification		
Female	13	10
Household income past 12 months		
$25,000 to $34,999	1	7
$35,000 to $49,999	2	15
$50,000 to $74,999	2	15
$75,000 to $99,999	4	31
$100,000 to $149,999	1	7
$150,000 or more	2	15
Educational attainment		
Completed high school	1	7
Completed some college	1	7
Associate’s degree	2	15
Bachelor’s degree	2	15
Completed some postgraduate	2	15
Master’s degree	2	15

(table continued)

	Number	%
Ph.D., law or medical degree	2	15
Religious affiliation		
Christian	6	46
Atheist	1	7
Other	5	39
Age		
35 to 44	2	15
45 to 54	6	46
55 to 64	4	31
Marital Status		
Married	10	77
Divorced	2	15
Other	1	7
Region		
CA	1	7
CO	2	15
CT	1	7
FL	1	7
MN	1	7
NC	1	7

(table continued)

	Number	%
NJ	1	7
NY	1	7
TX	4	31

In addition to psychosocial characteristics, family structure was also analyzed. Three families had one child, six families had two children, one family had three children, and three families had four children. Family 1 had one male-to-female child who was 32 years old and also had 19-year-old daughter; Family 2 had a male-to-female child who was 18 years old and a 16-year-old male-to-female child; Family 3 had one 17-year-old male-to-female child and a 19-year-old daughter; Family 4 had one male-to-female child, no age indicated; Family 5 had one daughter who was 24 years old and a 21-year-old female-to-male child; Family 6 had an 18-year-old female-to-male child; Family 7 had a female-to-male child and a daughter, no ages indicated; Family 8 had one female-to-male child, no age indicated; Family 9 had an 11-year-old son, a 9-year-old daughter, a 7-year-old son, and a 4-year-old female-to-male child; Family 10 had a 20-year-old female-to-male child, a 22-year-old son, a 24-year-old daughter, and a 26-year-old son; Family 11 had a 23-year-old daughter, a 16-year-old daughter, a 14-year-old

female-to-male child, and a 6-year-old son; Family 12 had a 14-year-old female-to-male child and two daughters ages 18 and 22 years; Family 13 had a 15-year-old female-to-male child and one 13-year-old daughter. Most parents shared that the ages of their children coming out as transgender were between 3 and 18 years. Two parents mentioned that their children came out as transgender around puberty, with an average age of 13 years. Several parents said that they knew something was different with their child but were not sure what, and others did not have any inkling about their child's gender dysphoria.

Sentiment analysis of parental responses, including positive, negative, mixed, and neutral, was conducted. Of the 13 families, 50% had positive sentiments about their experiences with their transgender child's coming out, 18% had negative sentiments, 17% had neutral sentiments, and 15% had mixed sentiments. Those with mixed sentiments indicated that over time, along with support and education, they had learned to accept their transgender child's new gender expression. Within these nuclear families, 92.3% of all members were aware of the transgender child and in 7.69% cases, a spouse and/or siblings were still unaware, even after one year of coming out to their mother. In addition, 84.61% of immediate family members were supportive, and 15.38% were not; 46.15% stated that they were not surprised by the news, and 53.85% were.

General Themes Identified

1. One of the most common fears that parents revealed was that their transgender child would not be accepted by family, peers, and society. Some examples of parental responses include the following:
    - "Lack of acceptance from the society. He's already different because he has Asperger's (participant, 2)."
    - "I still worry about who will love him (participant, 6)."
    - "I think that my thought of this is my main concern now is that she can build safe romantic relationships as an adult and how she will be treated and will she find a person that will love her for her (participant, 3)."
    - "At first it was that society wouldn't accept him. But then I realized that was my generation that had the stereotypes. His generation is very accepting, at least at his school and among his peers (participant, 13)."
2. Most parents revealed that they also had fears for the safety of their transgender children, including physical violence toward them. Some examples of parental responses were the following:
    - "Someone killing her as that is what is portrayed in movies and on tv. I also thought omg her life is over (participant, 4)."
    - "That people would physically hurt him or be hostile to him. That some family and friends would judge him and maybe say things that would hurt him (participant, 5)."

- "I was fearful for his safety and was afraid he would either self-harm or think of killing himself (participant, 7)."

3. One parent feared that her child was wrong about identifying as transgender and would regret their new identity later in life, stating;
    - "That she is confused and really isn't [transgender] (participant, 12)."
4. All parents shared that they will love their child unconditionally, even if they do not understand their child being transgender. Some parental responses, include:
    - "Things are better are better because now she knows she could come to me with anything and that I will support her 100% and unconditionally (participant, 3)."
    - "Love them unconditionally. Listen to them. Don't judge them. Be willing to change. Acknowledge them. Believe them (participant, 13)."
    - "Things are better are better because now she knows she could come to me with anything and that I will support her 100% and unconditionally (participant, 3)."
5. Most parents expressed a healthier and more open relationship after their transgender child came out. Some parental responses, include:
    - "I trust him more deeply, and all my kids, when he and the others tell me about themselves (participant, 9)."
    - "I think it will bring us even closer because we talk and share openly about this (participant, 2)."

- "We talk more about things. I also take him shopping for clothes in the boys' section. I even encourage him to try different boys' clothes, colors, styles (participant, 13)."
- "Things are better are better because now she knows she could come to me with anything and that I will support her 100% and unconditionally (participant, 3)."

6. All parents immediately reached out for help in coping with their transgender child's reveal by going to counseling, attending PFLAG meetings or other support type meetings, reading and researching about transgenderism, attending conventions, and having more open conversations with their transgender child. Some parental responses included:
   - "She came out to me in October but didn't transition until April. I was going to PFLAG, but they only meet once a month, and was researching (participant, 1)."
   - "Well, I read a lot about it and read about. That's why I wanted to be in this study because there is not a lot of resources out there for the parents. I would highly suggest to read, read, read, find a support group and go to counseling (participant, 2)."
   - "We got into therapy quickly (participant, 3)."
   - "We talked a lot and began counseling with a therapist who was specializing in transgender youth (participant, 7)."
7. Parents that didn't accept their transgender child, were able to do so after

research, therapy, and support from other parents over a period of time. Some Parental responses:

- "She just told me that she was transgender. At the time I couldn't grasp what that meant. There has been a lot of change over the past 4 years. When she told me, I told her I loved her and that we'd get through it and that I will have lots of questions (participant, 3)."
- "We waited about 6 months after I got all the information I could get to have a full understanding and be able to present the facts as they were to him (participant, 3)."
- "I had major mixed emotions. I wasn't sure what to feel (participant, 4)."

General Situated Structure

The general situated structure is a synthesis of the general themes into a single, unified whole (Robbins & Parlavecchio, 2006). As an interpersonally situated phenomenon, parental emotion ranged from feelings of being "overwhelmed," "scared," "shocked," and/or "puzzled," when their child came out as transgender, but also expressed "relief," "support," and "love" for their children. Within this social aspect, parents found themselves engaged in what they believed were normative behaviors, negatively (e.g., sheltering child from other family members or society) or positively (e.g., helping their child shop for clothes or use of different pronouns), in supporting their child through their transitive experience. Through examination of their child's outer selves (e.g., physical appearance), parents were able to accept their child's new gender identity more effectively.

Evidence of Trustworthiness

Issues of trustworthiness in qualitative research include several elements; credibility, transferability, dependability, and confirmability. Addressing each of these elements validates the qualitative research conducted. Credibility is established from the view point of the participant, which involves establishing results that are credible or believable (Trochim 2006). Use of semistructured interviews, along with online surveys aided in participants to respond to questions from their own point of view, within their own timeframe.

Transferability refers to generalizability of findings that transfer to other contexts or settings. For instance, findings of this study would be accurate for all parents, not only those that attend PFLAG meetings. The researcher could improve transferability by defining clear research goals and assumptions (Trochim, 2006). Three participants that were found via PFLAG shared this study with ten others that do not participate in PFLAG meetings, helping the researcher to identify transferability within the study.

Dependability is based on the assumption of replicability or repeatability. Fundamentally, dependability focuses on whether the same results would be obtained if the study was conducted a second time (Trochim, 2006). One strategy to establish dependability is to use audit trails by logging each specific step taken throughout the study (Trochim, 2006). In this study, using the same assessment materials is essential, along with asking the participants the same open-ended questions, completion of the demographic questionnaire, consent forms, and the debriefing would be the same for all

participants. Most, ten out of thirteen, expressed interest in wanting to know the outcome of this study.

Confirmability in qualitative research refers to the idea that each researcher brings their own specific perspective to the study and the degree to which results could be confirmed or corroborated by others (Trochim, 2006). There are several ways that a researcher could improve. Firstly, the researcher could use an audit trail to log specific steps during the research process (Trochim, 2006). Secondly, the researcher could recheck data throughout the study (Trochim, 2006). Thirdly, the researcher could actively search for and describe any negative instances that contradict previous observations (Trochim, 2006). Use of an Excel spreadsheet helped the researcher organize and compare participants' responses and experiences (positive, negative, neutral, mixed) of their experiences and feelings about their children coming out as transgender.

Summary

This chapter summarized results of this study, including data trends, patterns of experience unique and similar to other parents when their transgender children come out. It also addressed concerns about trustworthiness, transferability, credibility, and dependability. Chapter 5 will focus on discussion of the research findings, conclusions, future recommendations, and implications of this study.

Chapter 5: Discussion

The purpose of this phenomenological qualitative study was to learn about the experiences of parents' when their transgender children came out. Understanding the parental experience could lead to positive social change by providing information necessary to develop supportive interventions for parents who are in the process of coping with their transgender child's transition. Results from the current study showed that parents were very supportive of their child coming out as transgender, even if they did not understand. All participants indicated that as soon as they found out that their child was transgender, they started researching the topic and/or looking for support through counseling and/or support groups. Even parents who had a negative view of transgenderism were supportive of their child and reported loving them unconditionally.

Interpretation of Findings

I speculated that negative parental emotional responses would be associated with rejection by parents and positive emotional responses would be associated with parents being more accepting of their child coming out as transgender. Findings from this study showed that this was not the case. Even parents with negative emotional responses to the initial coming out of their transgender child sought to understand what their child was going through and to find ways to support their child through the transition.

Results showed that parental negative emotions were focused more on the health (social, physical, and emotional) and safety of their children. Parents expressed fears that their child would be alienated by their peers, become victims of violence by members of their community, face difficulties obtaining health care and insurance coverage, obtain a

job to support themselves financially, and not be able to have their own families someday. Unlike participants in Koken et al.'s (2009) study, none of the parents in the current study became aggressive or violent toward their transgender child. Results also indicated that the negative responses did not interfere with parents unconditionally loving their transgender child. In addition, parental negative emotions about accepting their child as a gender not assigned at birth became easier to cope with over time. Parents expressed that coping became easier after they realized that their child was the same person internally and that the transgender child's need for expression was not changed by his or her parents' attitude. Furthermore, after gaining more insight by attending counseling, support groups, and meetings with other transgender people, parents reported that their child's gender expression became more palatable for them. In addition, parents' fears subsided when they found support and programs for their transgender child.

Positive sentiments indicated parental acceptance of their transgender child coming out. Parents' positivity encouraged the transgender child to work as a team with them to find ways to feel more comfortable in their new gender role. One parent helped her child move to the West Coast because she felt people in that area would be more willing to accept her transgender child. Another parent expressed happiness when shopping with her male-to-female transgender child for new clothes. Several parents expressed that being supportive allowed their child to be more accepting of him- or herself, and promoted more self-confidence, acceptance, and happiness. One of the parents shared that once her child came out as transgender, she could see a huge difference in the child's personality because she was no longer depressed or shy. This

finding was consistent with Kuvalanka et al.'s (2014) study, which indicated that parents who started to use the new gender role pronouns and names and were supportive of their transgender child wearing their new gender role clothes and hairstyles, contributed to a more positive demeanor in their transgender child, including more confidence and happiness.

Although transition of a transgender child is familial (see Kabakov, 2014), all parents in the current study focused more on their child's needs instead of their own. A few parents communicated that when they first learned that their child was transgender, they had no idea where to turn for help in accepting and aiding their child in transition. However, they did seek out information, therapy, and support groups once they found out that their child was transgender. Many parents revealed that meeting other parents of a transgender child and other transgender people helped them become more accepting of their transgender child. Most participants expressed that their communication with their transgender child had improved since the reveal and that their relationships had also grown stronger despite the parents' initially negative reaction.

Allowing and encouraging their transgender child to come out as transgender first at home and then possibly in another town where they were unknown is in line with a study conducted by Kuvalanka et al.(2014) and was a strategy reported by a few parents in the current study. Riley, Sitharthan, et al. (2013) found that parental fears about making the wrong decisions for the child played a large role in acceptance of their transgender child's gender expression outside of the home. This is also in line with my

study, with one mother stating that her fear was that her mtf child would transition and regret it later on in life.

Some participants in the current study also indicated that some of their nuclear family members still did not know about the transgender child even within the same household after a year of coming out and many extended family members were still unaware in most of these families after many years. One of the parents decided to reveal this news to the other family members once the transgender child was moved to the West Coast for college. This participant reported that her child was not using pronouns and names of choice and was not wearing gender nonconforming clothing even though she had started hormonal therapy. All parents indicated that they were taking the child's lead in the reveal to other family members, peers, and society in the transition process.

Some parents in the current study asserted that once their transgender child came out, they felt relieved because they felt there were clues over the years. A few parents did not have any insight about the struggles their transgender child was experiencing but were still relieved to finally get an answer as to why their child was so unhappy. After the experience of their child coming out as transgender, parents acknowledged that there were many positive aspects of the experience, including personal growth, positive emotions, activism, social connection, and closer familial relationships. According to Wallace and Russell (2013), the goal is to support the transgender child and the families during transition. Healthy attachment between parent and child is essential in creating an environment in which a child can approach a parent with concerns about gender identity, acceptance, and transition (Wallace & Russell, 2013). All participants in this study were

mothers of a transgender child. None of the children came out as transgender to anyone before their mother except one child, who told her friend first. Most of the children came out as transgender during puberty, but one came out as young as 3 years old, and one came out as old as 18 years old.

Limitations of the Study

Limitations of this study included the reliance on willing participants. I started recruiting participants at PFLAG meetings, but then participants who did not attend meetings showed interest in the study through snowball sampling. Having participants who did not attend PFLAG meetings contributed to this study by reducing bias of those who seek help and support in groups. However, I was not able to collect date from parents who were unwilling to participate; therefore, findings may have been biased toward parents who were more open to accepting their child coming out as transgender.

Other limitations of this study were that only women chose to participate, and 12 out of 13 were White. Another limitation was the difficulty of replicating results. Because this study was conducted in a natural setting unique to each participant that involves their own subjective experiences, ruling out alternative explanations of specific phenomena may cause challenges in replication. Furthermore, most of the participants chose to complete the semistructured interview electronically. This limited my ability to ask follow-up questions to encourage participants to clarify their reactions. This also prevented me from observing the emotion attached to the participant's responses by.

Recommendations

This study showed that parental emotional responses does not necessarily affect their acceptance or rejection of their child coming out as transgender. Parents showed support and unconditional love for their children, even with negative sentiments about their children coming out as transgender. Because of the small sample size and limited diversity of the sample, more research should be done to explore fathers' experiences and those of non-White parents. Further research should address other family members, such as siblings and grandparents, to examine family dynamics and attachment styles of each individual in the household. Researchers could also conduct a longitudinal study to examine progressive acceptance or rejection over time.

Implications

The findings from this study may be used to provide support and interventions for parents of transgender children during the transition process. Programs may include education about what transgenderism is for all family members, as well as education for teachers, mental health professionals, medical professionals, politicians, and others in the community to learn how to support and accept transgender children. Findings may also be used to help parents of transgender children understand the transition process without fear, help families develop tools to cope with the transition process for themselves and their child, help parents present information to schools and medical and mental health professionals, and help peers and neighbors become more tolerant of those who are transgender. Social change implications include less violence toward the transgender person, less suicide, fewer drug addictions, and fewer runaway transgender children.

Advocacy is key to individual, familial, organizational, and societal acceptance of those who are transgender. To advocate, education is essential. Developing resources could be the most effective way to mitigate fears of transgender individuals, families, peers, organizations, and politicians.

Conclusion

I summarized the experiences of 13 mothers of transgender children. Focusing on the challenges these families face is necessary to help them cope with the transition. Results from this study revealed the positive and negative responses parents experienced when their transgender children came out. Some reactions may have been influenced by when and how the child disclosed being transgender and by the parents' worldview. Parents who reacted negatively did not have any insight into their child being transgender, but still wanted to be supportive after being told. Many parents revealed that they felt lost and confused when learning that their child was transgender. Some did not know what that would mean to the family. Parents shared that when they tried to research the topic, there were not many resources available. Those who had access to resources, support, and therapy were able to adjust to their child's transition more effectively than those who did not. Because research and resources for parents are limited, more work needs to be done to develop more resources and increase access to them. Resources could provide support for parents with a transgender child by teaching them how to approach, mitigate, and cope with negative emotions they may be feeling. Resources could also be used to help individuals, families, organizations, and mental health and medical professionals become more tolerant and supportive of transgender children.

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Appendix A: Semistructured Interview Questions

The following are the guiding questions for the semistructured interview. Potential follow-up and probing questions follow each of the four main questions.

1) Tell me about how you first learned that your child was transgender.
    - How did you feel about that?
    - Were you surprised to learn about this? Why or why not?
2) Tell me about your biggest fear that you had when your child came out as transgender.
    - Did any of these fears materialize?
    - Can you give me examples of how your and/or your child dealt with these fears?
    - Do you still have any of these fears?
3) Please give me some examples of ways that your relationship has changed with your child since learning that they were transgender.
    - Would you say that things are better or worse? How?
    - Do you think things will continue to change? In what ways?
4) What advice would you give other parents who are in your position in terms of how to respond to your child coming out as transgender?
    - Are there things that you wish you had done differently? What were they and how would you have handled them differently?
    - Can you tell me about some of the things that you think you handled well?

Appendix B: Demographic Questionnaire

1. What is your marital status?
    - Single (never married)
    - Married
    - Separated
    - Widowed
    - Divorced
2. What is your gender?
    - Female
    - Male
    - Other
3. What is your age?
    - 18 to 24 years
    - 25 to 34 years
    - 35 to 44 years
    - 45 to 54 years
    - 55 to 64 years
    - Age 65 or older
4. How many children do you have? Please include ages and gender.

5. What is your ethnicity and race?
    - African American
    - Asian
    - Hispanic
    - Pacific Islander
    - White
    - Other _____
6. Do you have a religious affiliation?
    - Christian
    - Muslim
    - Jewish
    - Hindu
    - Other (please specify)
    - Atheist
7. What is your education level?
    - Completed some high school
    - High school graduate
    - Completed some college
    - Associate degree
    - Bachelor’s degree
    - Completed some postgraduate

- Master's degree
- Ph.D., law or medical degree
- Other advanced degree beyond a Master's degree

8. What was your total household income before taxes during the past 12 months?
    - Less than $25,000
    - $25,000 to $34,999
    - $35,000 to $49,999
    - $50,000 to $74,999
    - $75,000 to $99,999
    - $100,000 to $149,999
    - $150,000 or more